

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889,938

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		①				
9	1					
10		1				
11		②				
12		①				
13		①				
14		①				
15		2				
16		①				
17	1					
18		1				
19		①				
20		①				
21		①				
22		①				
23		2				
24		①				
25		①				
26		①				
27		1				
28		1				
29		2				
30			1			
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38			1			
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	29	↓		↓
TOTAL CLAIMS			32			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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